

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 1011272
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS: Original
PERMIT NUMBER: 4MP00028*AM
STATION CODE: 401
MONITORING PERIOD : 2020-11-01 To: 2020-11-30
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-11-01							
2020-11-02							
2020-11-03							
2020-11-04							
2020-11-05							
2020-11-06							
2020-11-07							
2020-11-08							
2020-11-09							
2020-11-10							
2020-11-11							
2020-11-12							
2020-11-13							
2020-11-14							
2020-11-15							
2020-11-16							
2020-11-17							
2020-11-18							
2020-11-19							
2020-11-20							
2020-11-21							
2020-11-22							
2020-11-23							
2020-11-24							
2020-11-25							
2020-11-26							
2020-11-27							
2020-11-28							
2020-11-29							
2020-11-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>		Submission Date/Time <div style="text-align: center;"> Certification Version Date 2020-12-28 13:12 </div>

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SUBMISSION ID: FACILITY: LOCATION:	1011272 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD :	Original 4MP00028*AM 401 2020-11-01 To: 2020-11-30
COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-11-01						
2020-11-02						
2020-11-03						
2020-11-04						
2020-11-05						
2020-11-06						
2020-11-07						
2020-11-08						
2020-11-09						
2020-11-10						
2020-11-11						
2020-11-12						
2020-11-13						
2020-11-14						
2020-11-15						
2020-11-16						
2020-11-17						
2020-11-18						
2020-11-19						
2020-11-20						
2020-11-21						
2020-11-22						
2020-11-23						
2020-11-24						
2020-11-25						
2020-11-26						
2020-11-27						
2020-11-28						
2020-11-29						
2020-11-30						
Minimum						
Maximum						
Average						
Count						

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Jeffrey Williamson			Certification Version Date 2020-12-28 13:12

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1011272 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 402 2020-11-01 To: 2020-11-30 AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-11-01							
2020-11-02							
2020-11-03							
2020-11-04							
2020-11-05							
2020-11-06							
2020-11-07							
2020-11-08							
2020-11-09							
2020-11-10							
2020-11-11							
2020-11-12							
2020-11-13							
2020-11-14							
2020-11-15							
2020-11-16							
2020-11-17							
2020-11-18							
2020-11-19							
2020-11-20							
2020-11-21							
2020-11-22							
2020-11-23							
2020-11-24							
2020-11-25							
2020-11-26							
2020-11-27							
2020-11-28							
2020-11-29							
2020-11-30							
Minimum							
Maximum							
Average							
Count							
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Jeffrey Williamson						Certification Version Date 2020-12-28 13:12	

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COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	 AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-11-01						
2020-11-02						
2020-11-03						
2020-11-04						
2020-11-05						
2020-11-06						
2020-11-07						
2020-11-08						
2020-11-09						
2020-11-10						
2020-11-11						
2020-11-12						
2020-11-13						
2020-11-14						
2020-11-15						
2020-11-16						
2020-11-17						
2020-11-18						
2020-11-19						
2020-11-20						
2020-11-21						
2020-11-22						
2020-11-23						
2020-11-24						
2020-11-25						
2020-11-26						
2020-11-27						
2020-11-28						
2020-11-29						
2020-11-30						
Minimum						
Maximum						
Average						
Count						

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Jeffrey Williamson			Certification Version Date 2020-12-28 13:12

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1011272 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 403 2020-11-01 To: 2020-11-30 AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-11-01							
2020-11-02							
2020-11-03							
2020-11-04							
2020-11-05							
2020-11-06							
2020-11-07							
2020-11-08							
2020-11-09							
2020-11-10							
2020-11-11							
2020-11-12							
2020-11-13							
2020-11-14							
2020-11-15							
2020-11-16							
2020-11-17							
2020-11-18							
2020-11-19							
2020-11-20							
2020-11-21							
2020-11-22							
2020-11-23							
2020-11-24							
2020-11-25							
2020-11-26							
2020-11-27							
2020-11-28							
2020-11-29							
2020-11-30							
Minimum							
Maximum							
Average							
Count							
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Jeffrey Williamson						Certification Version Date 2020-12-28 13:12	

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SUBMISSION ID:	1011272	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	403
	Ashley, OH 43003	MONITORING PERIOD :	2020-11-01 To: 2020-11-30
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-11-01						
2020-11-02						
2020-11-03						
2020-11-04						
2020-11-05						
2020-11-06						
2020-11-07						
2020-11-08						
2020-11-09						
2020-11-10						
2020-11-11						
2020-11-12						
2020-11-13						
2020-11-14						
2020-11-15						
2020-11-16						
2020-11-17						
2020-11-18						
2020-11-19						
2020-11-20						
2020-11-21						
2020-11-22						
2020-11-23						
2020-11-24						
2020-11-25						
2020-11-26						
2020-11-27						
2020-11-28						
2020-11-29						
2020-11-30						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>	Submission Date/Time <div style="text-align: center;"> Certification Version Date 2020-12-28 13:12 </div>
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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1011272 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 602 2020-11-01 To: 2020-11-30 Cherly Rex Cherly Rex
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PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2020-11-01							
2020-11-02	.6090	.9500	AA5.0	17.7600	.1908	AA5.0	.5180
2020-11-03							
2020-11-04							
2020-11-05							
2020-11-06							
2020-11-07							
2020-11-08							
2020-11-09	.5560	.5760					
2020-11-10							
2020-11-11							
2020-11-12							
2020-11-13							
2020-11-14							
2020-11-15							
2020-11-16	.5880	.475	AA5.0	18.7900	.0026	AA5.0	.5600
2020-11-17							
2020-11-18							
2020-11-19							
2020-11-20							
2020-11-21							
2020-11-22							
2020-11-23	.5793	.8926					
2020-11-24							
2020-11-25							
2020-11-26							
2020-11-27							
2020-11-28							
2020-11-29							
2020-11-30							
Minimum	0.556	0.475	0.0	17.76	0.0026	0.0	0.518
Maximum	0.609	0.95	0.0	18.79	0.1908	0.0	0.56
Average	0.58308	0.7234	0	18.275	0.0967	0	0.539
Count	4	4	2	2	2	2	2
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>		Submission Date/Time <div style="height: 40px;"></div>
							Certification Version Date 2020-12-28 13:12

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SUBMISSION ID: 1011272
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS: Original
PERMIT NUMBER: 4MP00028*AM
STATION CODE: 602
MONITORING PERIOD : 2020-11-01 To: 2020-11-30
REPORTING LAB: Cherly Rex
ANALYST: Cherly Rex
NO DISCHARGE INDICATOR:

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-11-01							
2020-11-02	25.2480	2	7.82	AA5.0	.0430	AA5.0	
2020-11-03							
2020-11-04							
2020-11-05							
2020-11-06							
2020-11-07							
2020-11-08							
2020-11-09							
2020-11-10							
2020-11-11							
2020-11-12							
2020-11-13							
2020-11-14							
2020-11-15							
2020-11-16	25.5590	2					
2020-11-17							
2020-11-18							
2020-11-19							
2020-11-20							
2020-11-21							
2020-11-22							
2020-11-23							
2020-11-24							
2020-11-25							
2020-11-26							
2020-11-27							
2020-11-28							
2020-11-29							
2020-11-30							
Minimum	25.248	2.0	7.82	0.0	0.043	0.0	
Maximum	25.559	2.0	7.82	0.0	0.043	0.0	
Average	25.4035	2		0	0.043	0	
Count	2	2	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2020-12-28 13:12	

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FACILITY:
LOCATION:

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

PERMIT NUMBER:
MONITORING PERIOD :

4MP00028*AM
2020-11-01 To: 2020-11-30

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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